

PUBLIC HEALTH COMMITTEE PUBLIC HEARING FEBRUARY 28, 2014

GOVERNOR'S BILL No 36

AAC THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE

Ines M. Zemaitis APRN, BC IN SUPPORT OF BILL #36

Senator Gerratana, Representative Johnson, and Members of the Committee:

I am a licensed, board certified, graduate of Yale University, as an Adult Health Nurse Practitioner. I am your direct access to primary care, preventative care, and your medical home. Connecticut House Bill 36 is imperative to the evolutionary changes in healthcare for the protection and improvement of the health of the people in Connecticut.

Public Act 99-168 has increased health care costs and limits access to the public. In July 2013, I performed a preoperational physical on a patient who required extensive dental procedures at a Dental location in Connecticut. The orthodontist refused to accept my signature on my examination stating that I required a physician to supervise and sign my assessment, diagnosis, plan and recommendations for the surgery. I immediately directed the orthodontist to Public Act 99-168 and reiterated that I am not in a supervised role directed by a physician. The orthodontist refused my signature, demanded the Medicare patient to return to the office to have another preoperational physical to be performed by a physician. Medicare denied the claim for the preoperational physical performed by the physician due to the fact that Medicare had already paid the claim for the preoperational physical that I had performed earlier that week. The patient, therefore, had to pay an out of pocket expense because the orthodontist refused to accept Public Act 99-168 on nurse practitioners signature.

In November 2012, the outpatient laboratory center at A CT Hospital refused to accept my order because I am a nurse practitioner and not a physician. They stated they cannot process my laboratory

orders due to not having an attending physician within the hospital. I spoke with the manager of laboratory services, in which she stated that I need a supervising physician to process the order. I explained that I do not practice with a supervising physician; that I have a collaborating relationship with a physician and that prescriptive authority is given by a collaborating physician, not my license.

Laboratory requisitions that were directly given by me with my signature *continue* to be placed as ordered by another physician. This has been a chronic and debilitating problem that has impacted negatively towards the care and the safety of my patients. Numerous times I have not received laboratory data due to the imputing technician placing my collaborator, and/or past physicians seen by the patient, and/or a random physician as the ordering provider. This has chronically delayed care, and jeopardized the proper health care for my patients.

There are patients that have been contacted by other providers that were at "randomly" imputed as the ordering provider and were either given more blood analysis to do, and/or given medication, and/or told to have a follow up. Consequently, health care costs were processed that were not justified nor were they clinically indicated. Furthermore, due to the lack of the appropriate ordering provider on the laboratory analysis, patients were receiving medications that were ordered by myself and then by another physician. This could have been a sentinel event due to actions from the Saint Mary's Hospital's Laboratory Services.

A complaint was made directly to the Department of Public Health on March 15, 2013 and is currently under investigation.

The cessation of the collaborative agreement of nurse practitioners with physicians will end the archaic relationship between these two healthcare groups. Continuing this law will increase risks to the public's mental and physical health, such as the risks that were imposed by Saint Mary's Hospital's confusion with this law.

“Mid-level” is not a term that is generated by the American Nurses Association for nurse practitioners. This is a term generated by the American Medical Association to Physician Assistants and then later grouped to nurse practitioners by the American Medical Association. However, the level of education of nurse practitioners is to practice within the scope of primary care and those of physician assistants are to practice as an extension of a physician.

It is imperative that the autonomy of nurse practitioners, the level of education, the expertise, the cost effective care that is given, and concurrently with the continued changes in healthcare, that it is reflected within the laws of the State of Connecticut to remove this collaborative agreement.

Members of the Legislative Committee, I thank you for your time and commitment.

Sincerely,

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